PART 70 OPERATING PERMIT OFFICE OF AIR MANAGEMENT

Prodesign Thermoforming (Beck) Plant #830 and Prodesign Paint Plant #840 21888 Beck Drive Elkhart, Indiana 46540

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T 039-10599-00192				
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Management	Issuance Date: November 12, 1999			
First Administrative Amendment: 039-11629	Pages Affected: 1,32, 33, 35,			
Issued by: Paul Dubenetzky, Branch Chief Office of Air Management	Issuance Date:			

Coachmen Industries, Inc. Plants 830 and 840

First Administrative Amendment 039-11629

Permit Reviewer:MLK/MES

Elkhart, Indiana

Date:

Amended by: Gary Freeman

Page 35 of 35 OP No. T 039-10599-00192

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT CERTIFICATION

Sour	ce Address:	21888 E P.O. Bo	ign Thermoforming (Beck) Plant #830 and Prodesign Paint Pl Beck Drive, Elkhart, Indiana 46540 ox 30, 423 N. Main Street, Middlebury, Indiana 46540 0599-00192	ant #840				
	This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.							
	Please check v	what do	cument is being certified:					
9	9 Annual Compliance Certification Letter							
9	Test Result (sp	pecify)						
9	Report (specify	- y)						
9	Notification (sp	pecify)						
9	Other (specify))						
I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.								
Signature:								
Printed Name:								
Title	Title/Position:							

Coachmen Industries, Inc. Plants 830 and 840

Elkhart, Indiana First Administrative Amendment 039-11629

Permit Reviewer:MLK/MES Amended by: Gary Freeman

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT

COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967

PART 70 OPERATING PERMIT EMERGENCY/DEVIATION OCCURRENCE REPORT

Source Name: Prodesign Thermoforming (Beck) Plant #830 and Prodesign Paint Plant #840

Source Address: 21888 Beck Drive, Elkhart, Indiana 46540

Mailing Address: P.O. Box 30, 423 N. Main Street, Middlebury, Indiana 46540

Part 70 Permit No.: T 039-10599-00192

This form consists of 2 pages

Page 1 of 2

Page 35 of 35

OP No. T 039-10599-00192

Check either No. 1 or No.2					
9	1.	This is	an emergency as defined in 326 IAC 2-7-1(12)		
		C	The Permittee must notify the Office of Air Management (OAM), within four (4) business have (1, 200, 451, 6027 or 217, 222, 5674, polyfor Compliance Section); and		
		С	hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16		
9	2.		This is a deviation, reportable per 326 IAC 2-7-5(3)(C)		
		С	The Permittee must submit notice in writing within ten (10) calendar days		

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:
Control Equipment:
Permit Condition or Operation Limitation in Permit:
Description of the Emergency/Deviation:
Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

First Administrative Amendment 039-11629

Permit Reviewer:MLK/MES

Amended by: Gary Freeman

Page 2 of 2

Page 35 of 35

OP No. T 039-10599-00192

Date/Time Emergency/Deviation started: Date/Time Emergency/Deviation was corrected: Υ Ν Was the facility being properly operated at the time of the emergency/deviation? Describe: Type of Pollutants Emitted: TSP, PM-10, SO₂, VOC, NO_x, CO, Pb, other: Estimated amount of pollutant(s) emitted during emergency/deviation: Describe the steps taken to mitigate the problem: Describe the corrective actions/response steps taken: Describe the measures taken to minimize emissions: If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by:

Title / Position:

Date:

Phone:

Coachmen Industries, Inc. Plants 830 and 840

First Administrative Amendment 039-11629

Permit Reviewer:MLK/MES

Elkhart, Indiana

Amended by: Gary Freeman

Page 35 of 35 OP No. T 039-10599-00192

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT SEMI-ANNUAL COMPLIANCE MONITORING REPORT

Source Name: Prodesign Thermoforming (Beck) Plant #830 and Prodesign Paint Plant #840 Source Address: 21888 Beck Drive, Elkhart, Indiana 46540 Mailing Address: P.O. Box 30, 423 N. Main Street, Middlebury, Indiana 46540 Part 70 Permit No.: T 039-10599-00192									
N	Months:	_to	Year:						
This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted semi-annually. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".									
9 NO DEVIATION	9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.								
9 THE FOLLOWII	NG DEVIATIONS OC	CURRI	ED THIS REPORTING PERIO	DD.					
	onitoring Requirement Condition D.1.3)	ent	Number of Deviations	Date of ea	nch Deviation				
Titl Da	rm Completed By: _ e/Position: _ te: _ one: _								

Attach a signed certification to complete this report.